



AM 1646 P  
PATENTS

Attorney Docket No. 23164-1003

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on January 28, 1999.

*Victoria L. Boyd* 1/28/99  
Victoria L. Boyd, Reg. No. 43,510 Date

*AM 1646 P*  
*JLH*  
*2-9-99*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Michael Tovey

Application No. 08/853,292

: Group Art Unit: 1646

Filed: May 9, 1997

: Examiner: Fitzgerald, D.L.

For: Stimulation of Host Defense Mechanisms Against Viral Challenges

Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

FEB 8 1999

GROUP 1800

02/05/1999 SLBMM 00000065 #01641 00053292

TRANSMITTAL LETTER

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Transmitted herewith for filing in the above-entitled patent application are the following:

1. Amendment
- 2 Return Receipt Postcard

[X] Petition For Extension Of Time

Applicant(s) hereby petition(s) for an extension of time under 37 CFR 1.136(a) to respond to the Office action mailed September 28, 1998, for

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> one month..... | \$110.00 |
| <input type="checkbox"/> two months.....           | \$400.00 |
| <input type="checkbox"/> three months .....        | \$950.00 |

the fee (37 CFR 1.17) for which is authorized below.

Deposit Account Authorization

[X] There is no increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for.

[ ] There is an increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for. The required fee is calculated below.

Claims Remaining After Amendment:    Total,    Independent  
Highest No. Previously Paid For:    Total,    Independent

Additional independent claims (above 3):    @ \$78 or \$39 each..... \$0.00

Additional claims above 20:    @ \$18 or \$9 each ..... \$0.00

Multiple Dependency Fee:    @ \$260 or \$130 each..... \$0.00

PLUS Extension of Time Fee: ..... \$0.00

PLUS Fee for Missing Parts: ..... \$0.00

**TOTAL FEE DUE:** ..... \$0.00

[X] Please charge \$110.00 to Deposit Account No.08-1641.

[X] Please charge any additional fees that may be required, or credit any overpayment to Deposit Account No. 08-1641. This is not, however, an authorization to pay the issue fee. A duplicate of this document is enclosed.

Respectfully submitted,



Victoria L. Boyd  
Attorney for Applicants  
Reg. No. P-43,510

FEB 8 1999

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Date: January 28, 1999

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